Amendments to the Claims

This listing of claims will replace all prior versions and listings of claims in the application:

Listing of Claims

1. (Currently amended) A method for the treatment of renal cell cancer comprising co-administering an anti-tumor antibody directed against the MN antigen, wherein said antitumor antibody is a chimeric or humanized G250 antibody or a fragment thereof and a cytokine to a subject in need thereof, wherein the cytokine is IFN-α and is administered continuously or repeatedly in a low-dose form, wherein the low-dose cytokine comprises a dose which is pharmaceutically effective in the absence of NIC CTC toxicity grade 3 or higher, and wherein said G250 antibody or fragment thereof and said IFN-α are the only active ingredients which are administered.

2. (Currently amended) A method for the treatment of renal cell cancer comprising co-administering an anti-tumor antibody directed against the MN antigen and cytokine to a subject in need thereof, wherein the cytokine consists of an interferon and the method comprises:

(a) a first treatment stage comprising administering a low-dose cytokine, and

(b) a second treatment stage comprising co-administering the anti-tumor antibody and a low-dose cytokine as the only active ingredients, and wherein the low-dose cytokine comprises a dose which is pharmaceutically effective in the absence of NIC CTC toxicity grade 3 or higher.

3. (Cancelled)

4. (Previously Presented) The method according to claim 1 comprising a daily administration of a low-dose cytokine.

5-7. (Cancelled)

8. (Canceled)

9. (Previously presented) The method of claim 1, wherein the dose of IFN-α is in the range of from 1-10 MIU three times a week.

10. (Previously presented) The method of claim 1 wherein the cytokine is administered in a constant dose during the treatment.

11. (Canceled)

12. (Previously presented) The method of claim 1 wherein the IFN-α is administered subcutaneously.

13. (Cancelled)

14. (Canceled)

15. (Previously Presented) The method of claim 1 wherein the antitumor antibody is administered in intervals of from 5-20 days.

16. (Original) The method of claim 2 wherein the first treatment stage comprises 5-20 days.

17. (Original) The method of claim 2 wherein the second treatment stage comprises 50-200 days.

18. (Currently amended) A method for the treatment of renal cell cancer comprising co-administering an anti-tumor antibody G250 or a fragment thereof and a cytokine IFN-α as the only active ingredients to a subject in need thereof, wherein the cytokine is administered continuously or repeatedly in a low-dose form, wherein the low-dose cytokine comprises a dose which is pharmaceutically effective in the absence of NIC CTC toxicity grade 3 or higher.

19. (Currently amended) A method for the treatment of renal cell cancer consisting essentially of co-administering an anti-tumor antibody directed against the MN antigen, wherein said antitumor antibody is a chimeric or humanized G250 antibody or a fragment thereof and a cytokine to a subject in need thereof, wherein the cytokine is IFN-α and is administered continuously or repeatedly in a low-dose form, wherein the

low-dose cytokine comprises a dose which is pharmaceutically effective in the absence of NIC CTC toxicity grade 3 or higher and wherein said IFN-α is the only cytokine which is administered.